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UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

IN RE: Valerie A Lonetti Case No._____

STATEMENT UNDER PENALTY OF PERJURY RE: PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv) d to this statement copies of all payment advices or other evidence of payment of the filing of the petition from any employer.

Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.	1
Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the of the filing of the petition from any employer because:	date
Debtor was not employed during the 60 days preceding the filing of the petition;	
Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify perioduring which debtor was unemployed:	od
Debtor was self-employed during the 60 days preceding the filing of the petition;	
Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or	
Other (please explain):	
I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, informatio and belief. Signature of Debtor Date: 9-3-09	n
Joint Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.	
Joint Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before date of the filing of the petition from any employer because:	e the
Joint Debtor was not employed during the 60 days preceding the filing of the petition;	
Joint Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:	/
Joint Debtor was self-employed during the 60 days preceding the filing of the petition;	
Joint Debtor received only unemployment, veteran's benefits, social security, disability or other retirement incoduring the 60 days preceding the filing of the petition; or	ome
Other (please explain):	
I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.	n
Signature of Joint Debtor: Date:	

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View Paystub
Valerie A Lonetti
State of Minnesota

View Leave Balance View a Different Paycheck

Department Pay Period End Date Paycheck Issue Date

E26T012 06/23/2009 07/02/2009

StatusAllowanceAddl PercentAddl AmountStateResidentStatusAllowanceAddl PercentAddl AmountS30.0000.00MNYS20.0000.00

 Total Gross
 Federal Gross
 FICA Gross
 Medicare Gross
 Total Taxes
 Total Deductions
 Net Pay

 Current
 306.00
 306.00
 306.00
 306.00
 23.40
 282.60

Description Prior Period Prior Period Hours Rate Amount

 Regular
 306.00

 Total:
 306.00

Description Resident Taxable Gross Amount
Fed Withholding 306.00

 Fed MED/EE
 306.00
 4.43

 Fed OASDI/EE
 306.00
 18.97

 MN Withholding
 Y
 306.00

Total: 23.40

Total:

 Description
 Amount
 Description
 Amount
 Description
 Amount

 Fed MED
 4.43

Fed OASDI 18.97 **Total: 23.40**

Payment Type Paycheck Number Account Type Financial Institution Amount

Direct Deposit Checking 291070001 282.60

Earning Description Deduction Description

Total:

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View Paystub Valerie A Lonetti

State of Minnesota

View Leave Balance

View a Different Paycheck

Department

Pay Period End Date

Paycheck Issue Date

E26T012

07/07/2009

07/17/2009

<u>Status</u>	All	QW
S		

0.000 3

Addl Percent Addl Amount State Resident 0.00 MN

Status Allowance **Addi Percent** 0.000

Addl Amount 0.00

Current

Total Gross 255.00

Federal Gross 255.00 **FICA Gross** 255.00

Medicare Gross 255.00

S

Total Taxes Total Deductions 19.51

2

Net Pay 235 49

Description Regular

Prior Period Begin Date

Prior Period **End Date**

<u>Hours</u>

Rate

Amount 255.00

255.00

Total:

Resident Taxable Gross Description Fed Withholdng 255.00 Fed MED/EE 255.00 Fed OASDI/EE 255.00 255.00 MN Withholdng Υ Total:

Description Amount

Amount

Description Fed MED Fed OASDI

Amount

3.70

15.81

19.51

Amount 3.70 15.81

Total:

19.51

Payment Type Direct Deposit

Description

Total:

Paycheck Number

Account Type Checking

Financial Institution 291070001

Amount 235.49

Earning Description

Deduction Description

Total:

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View Paystub
Valerie A Lonetti
State of Minnesota

View Leave Balance

View a Different Paycheck

<u>Department</u> <u>Pay Period End Date</u> <u>Paycheck issue Date</u>

E26T012 07/21/2009 07/31/2009

 Status
 Allowance
 Addl Percent
 Addl Amount
 State
 Resident
 Status
 Allowance
 Addl Percent
 Addl Amount

 S
 3
 0.000
 0.00
 MN
 Y
 S
 2
 0.000
 0.00

 Total Gross
 Federal Gross
 FICA Gross
 Medicare Gross
 Total Taxes
 Total Deductions
 Net Pay

 Current
 289.00
 289.00
 289.00
 289.00
 22.11
 266.89

 Description
 Prior Period Begin Date
 Prior Period End Date
 Hours
 Rate
 Amount

 Regular
 289.00

Regular 289.00
Total: 289.00

Description Resident **Taxable Gross Amount** Fed Withholding 289.00 Fed MED/EE 289.00 4.19 Fed OASDI/EE 289.00 17.92 MN Withholding 289.00 Total: 22.11

DescriptionAmountDescriptionAmountDescriptionAmountFed MED4.19Fed OASDI17.92

Total: Total: Total: 22.11

Payment TypePaycheck NumberAccount TypeFinancial InstitutionAmountDirect DepositChecking291070001266.89

Earning Description Deduction Description

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View Paystub
Valerie A Lonetti
State of Minnesota

View Leave Balance

View a Different Paycheck

 Department
 Pay Period End Date
 Paycheck Issue Date

 E26T012
 08/04/2009
 08/14/2009

StatusAllowanceAddl PercentAddl AmountStateResidentStatusAllowanceAddl PercentAddl AmountS30.0000.00MNYS20.0000.00

Total Taxes Total Deductions Net Pay Total Gross Federal Gross FICA Gross **Medicare Gross** Current 119.00 119.00 119.00 119.00 9.11 109.89 YTD 3,655.00 3,655.00 3,655.00 3,655.00 283.11 3,371.89

 Description
 Prior Period Begin Date
 Prior Period End Date
 Hours
 Rate
 Amount
 YTD Amount

 Regular
 119.00
 3,655.00

 Total:
 119.00
 3,655.00

YTD Amount Resident **Taxable Gross Amount** Description 119.00 Fed Withholding Fed MED/EE 119.00 1.73 53.00 226.61 Fed OASDI/EE 119.00 7.38 MN Withholdna Υ 119.00 3.50 9.11 283.11 Total:

 Description
 Amount
 YTD Amount
 Description
 Amount
 YTD Amount
 Description
 Amount
 YTD Amount
 Fed MED
 1.73
 53.00

 Fed OASDI
 7.38
 226.61

 Total:
 Total:
 Total:
 9.11
 279.61

 Payment Type
 Paycheck Number
 Account Type
 Financial Institution
 Amount

 Direct Deposit
 Checking
 291070001
 109.89

Earning Description Deduction Description

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291070001

219.79

View Pay Valerie A L	ystub onetti								Sta	te of Minnes	iota		
				VI	View Leave Balance			Vi	View a Different Paychock				
Department E2GT012	Pay P. 09/18/2			Paycheci 08/28/200		Date							
Status Allo S		ddl.Percent 0.000	Addi	Amount 0.00	State	Residen:	Statue S		 ⊈ A.d ı: 2	II Percent	Addi Amount		
Io Current YTD	1al Gross 238.00 3,893,00		2801		<u>Gross</u> 238.00	Madica	238,00 3,893.00		Iotal!	•	Net Pay 219.79 3,591.68		
Description Regular		Prior Period Bagin Pate	L	Prior Po End Dat	ried.	Hour	Ą	Rate	Δα	30 00	YTD Amount		
Total:										38.00	3,893.00 3,893.00		
Description Fed Withholding		Resident		1	axable 2	Gross 236,00		Апр	ınt		YTO Amount		
Fod MED/EE Fed OASDI/EE						3 8 .00		3, 14,	45		56.45		
MN Withholding	T TO A THAN I MAN	Y				38.00		18,			241.37 3.50 301.32		
Rescription		XID Amou		eteriotio			YTDAmo	unt Doscrio	tion	Amount	YID Amount		
Total:								Fed ME	D	3.45 14.76	56.45		
San San Garaga			To	rtal:				Total:		18.21	297.82		
Payment Type Direct Deposit	-13	Paycheck	Numb	100		count Typ	s.	Financ	ia <u>Lineti!</u> 29107	_	Amount 219 79		

Deduction Description

Earning Description